

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Monice Kinspen Gee

(Please type or print)

Submitted by: Monice Gee

Address: 2323 Wills Pl  
Effingham, SC 29541

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2019 - 15 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Telephone:

Fax:

Email:

RECEIVED  
JAN 03 2019  
PSC SC  
CLERK'S OFFICE

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input checked="" type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 12.27.18

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Monica Kirspen Gee

1. Monica Kirspen Gee  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2323 Wills Pl Effingham SC 29541  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-615-5986

Phone

Fax

Monicastudent18@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	100,000	Mortgage/Loan on Real Estate	115,113.99
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand	500.00	Business/Other Loans Owed	
Cash in Bank	3000.00	Other Liabilities or Debts	
Value of Other Assets and Equipment		Total Liabilities	115,113.99
Total Assets	18,1500 ✓		

### INSTRUCTIONS:

1. "**Value of Real Estate**" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "**Mortgage/Loan on Real Estate**" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "**Value of Motor Vehicles**" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "**Loans Owed on Motor Vehicles**" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "**Cash on Hand**" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "**Business/Other Loans Owed**" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "**Cash in Bank**" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "**Value of Other Assets and Equipment**" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "**Other Liabilities or Debts**" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

2.50 a mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |



## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

**INSURANCE QUOTE**This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Monica Kingen Gee  
Name of Applicant

2323 Wills Pl Effingham SC 29541  
Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 30000 Limits 25/50/25

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000  
8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

Alics Financial Holdings Inc.  
Name of Insurance Company

2533-A West Palmetto Highway SC 29501  
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Monica Kinspan Gee  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

+

+

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

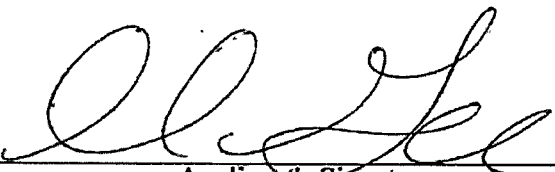
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.


Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.

☒ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

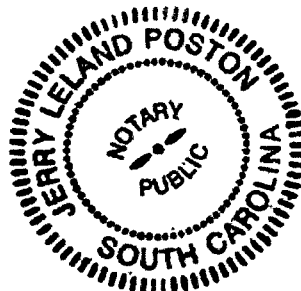
  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Flour )

SWORN TO BEFORE ME  
This 27 day of December, 2018

  
Notary Public

Commission Expires 2-17-2019



Print Application



**Schmieding, Janice**

---

**From:** Jessica Poston <csr@hospitality-ins.com>  
**Sent:** Thursday, January 03, 2019 3:39 PM  
**To:** Schmieding, Janice  
**Subject:** RE: Name: Monica Gee, Policy Number: PROSPECT

Thank you ! & Kirspen . ( Idk why it didn't show in the subject line)

Thank you,

Jessica G Poston  
 Commercial Lines Producer  
 Hospitality Insurance Agency, LLC  
 2843-A West Palmetto St  
 Florence, SC 29501  
 Phone: 843-407-5082 ext 102  
 Fax: 843-536-0782  
 Email: [csr@hospitality-ins.com](mailto:csr@hospitality-ins.com)  
 "We Care About Your Insurance Needs"  
[www.hospitality-ins.com](http://www.hospitality-ins.com)

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 INSURANCE  
 AWARENESS MONTH**  
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---

**From:** Schmieding, Janice <Janice.Schmieding@psc.sc.gov>  
**Sent:** Thursday, January 03, 2019 3:34 PM  
**To:** Jessica Poston <csr@hospitality-ins.com>  
**Subject:** RE: Name: Monica Gee, Policy Number: PROSPECT

Got it.

What is the applicant's middle name?



*Janice Schmieding, Clerk's Office*  
[janice.schmieding@psc.sc.gov](mailto:janice.schmieding@psc.sc.gov)

Public Service Commission of South Carolina  
 Saluda Building, Suite 100  
 101 Executive Center Drive  
 Columbia, South Carolina 29210

(803) 896-5240  
 (Fax) 803-896-5199

---

**From:** Jessica Poston [<mailto:csr@hospitality-ins.com>]  
**Sent:** Thursday, January 03, 2019 3:26 PM  
**To:** Schmieding, Janice <[Janice.Schmieding@psc.sc.gov](mailto:Janice.Schmieding@psc.sc.gov)>  
**Cc:** 'Tammy Poston' <[tammy@hospitality-ins.com](mailto:tammy@hospitality-ins.com)>  
**Subject:** Name: Monica Gee, Policy Number: PROSPECT  
**Importance:** High

Hey !Please attached PSC app. ( let me know if you received it. )

Thank you,

Jessica G Poston  
 Commercial Lines Producer  
 Hospitality Insurance Agency, LLC  
 2843-A West Palmetto St  
 Florence, SC 29501  
 Phone: 843-407-5082 ext 102  
 Fax: 843-536-0782  
 Email: [csr@hospitality-ins.com](mailto:csr@hospitality-ins.com)  
 "We Care About Your Insurance Needs"  
[www.hospitality-ins.com](http://www.hospitality-ins.com)

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**Schmieding, Janice**

---

**From:** Jessica Poston <csr@hospitality-ins.com>  
**Sent:** Thursday, January 03, 2019 3:53 PM  
**To:** Schmieding, Janice  
**Subject:** RE: Name: Monica Gee, Policy Number: PROSPECT

Yes maam.

Thank you,

Jessica G Poston  
 Commercial Lines Producer  
 Hospitality Insurance Agency, LLC  
 2843-A West Palmetto St  
 Florence, SC 29501  
 Phone: 843-407-5082 ext 102  
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**Sent:** Thursday, January 03, 2019 3:52 PM  
**To:** Jessica Poston <csr@hospitality-ins.com>  
**Subject:** RE: Name: Monica Gee, Policy Number: PROSPECT

Just to be clear. Monica Kirspen Gee is the Applicant?



*Janice Schmieding, Clerk's Office*  
[janice.schmieding@psc.sc.gov](mailto:janice.schmieding@psc.sc.gov)

Public Service Commission of South Carolina  
 Saluda Building, Suite 100  
 101 Executive Center Drive  
 Columbia, South Carolina 29210

(803) 896-5240  
 (Fax) 803-896-5199

---

**From:** Jessica Poston [<mailto:csr@hospitality-ins.com>]  
**Sent:** Thursday, January 03, 2019 3:50 PM  
**To:** Schmieding, Janice <[Janice.Schmieding@psc.sc.gov](mailto:Janice.Schmieding@psc.sc.gov)>  
**Subject:** RE: Name: Monica Gee, Policy Number: PROSPECT

Yes maam. & there's two dispatches here that has the name on the side of the car.

Thank you,

Jessica G Poston  
 Commercial Lines Producer  
 Hospitality Insurance Agency, LLC  
 2843-A West Palmetto St  
 Florence, SC 29501  
 Phone: 843-407-5082 ext 102  
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**From:** Schmieding, Janice <[Janice.Schmieding@psc.sc.gov](mailto:Janice.Schmieding@psc.sc.gov)>  
**Sent:** Thursday, January 03, 2019 3:50 PM



**To:** Jessica Poston <[csr@hospitality-ins.com](mailto:csr@hospitality-ins.com)>  
**Subject:** RE: Name: Monica Gee, Policy Number: PROSPECT

They just put their name on the side of the vehicle?

*Janice Schmieding, Clerk's Office*  
[janice.schmieding@psc.sc.gov](mailto:janice.schmieding@psc.sc.gov)

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**Sent:** Thursday, January 03, 2019 3:49 PM  
**To:** Schmieding, Janice <[Janice.Schmieding@psc.sc.gov](mailto:Janice.Schmieding@psc.sc.gov)>  
**Cc:** 'Tammy Poston' <[tammy@hospitality-ins.com](mailto:tammy@hospitality-ins.com)>  
**Subject:** RE: Name: Monica Gee, Policy Number: PROSPECT

In Florence you don't have to have a DBA. They go by numbers. Ill ask Mr. Jerry & get back to you. Thank you ! ♥

Thank you,

Jessica G Poston  
 Commercial Lines Producer  
 Hospitality Insurance Agency, LLC  
 2843-A West Palmetto St  
 Florence, SC 29501  
 Phone: 843-407-5082 ext 102  
 Fax: 843-536-0782  
 Email: [csr@hospitality-ins.com](mailto:csr@hospitality-ins.com)  
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**From:** Schmieding, Janice <[Janice.Schmieding@psc.sc.gov](mailto:Janice.Schmieding@psc.sc.gov)>  
**Sent:** Thursday, January 03, 2019 3:47 PM  
**To:** Jessica Poston <[csr@hospitality-ins.com](mailto:csr@hospitality-ins.com)>  
**Subject:** RE: Name: Monica Gee, Policy Number: PROSPECT

She doesn't want a "d/b/a" added to her name?

***Janice Schmieding, Clerk's Office***  
[janice.schmieding@psc.sc.gov](mailto:janice.schmieding@psc.sc.gov)

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# DISABILITY INSURANCE AWARENESS MONTH

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**Subject:** RE: Name: Monica Gee, Policy Number: PROSPECT

Got it.

What is the applicant's middle name?

***Janice Schmieding, Clerk's Office***  
**[janice.schmieding@psc.sc.gov](mailto:janice.schmieding@psc.sc.gov)**

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**Cc:** 'Tammy Poston' <[tammy@hospitality-ins.com](mailto:tammy@hospitality-ins.com)>  
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